



Economic Development Department

**Minority and Women-Owned Business Enterprise
Certification Application**

SHORT FORM

For Use by presently certified firms.

City of Savannah M/WBE Certification Application

Roadmap for Applicants

Purpose

The purpose of the City of Savannah's Minority and Women-Owned Business Enterprise (M/WBE) Program is to help small businesses owned and controlled by socially and economically disadvantaged individuals, including minorities and women, participate in all aspects of projects and contracts administered by the City's Procurement Department. The City of Savannah prohibits discrimination against a person or business in pursuit of these opportunities on the basis of race, color, sex, religion or national origin.

- The following standards is a **partial list** that shall be used to determine whether a business is owned and controlled by one or more socially and economically disadvantaged individual(s), and therefore, is eligible to be certified as an M/WBE:
- A "**Minority or Women-Owned Business Enterprise**" is one that is at least fifty - one (51%) percent owned **and** controlled by one or more socially and economically disadvantaged individuals.
- A "**Socially Disadvantaged individual**" is one who has been subjected to racial or ethnic prejudice or cultural bias within American society because of his/her identification as a member of a group and without regard to individual qualities. A socially disadvantaged individual must be a citizen (or lawfully admitted permanent resident) of the United States who is either:
 1. Black Americans
 2. Hispanic Americans
 3. Native Americans
 4. Asian-Pacific Americans
 5. Subcontinent Asian Americans and
 6. Women
- "**Economically Disadvantaged**" means an individual whose Personal Net Worth does not exceed **\$1.32 million** excluding the value of their primary residence and capital invested in the business seeking certification.
- If your firm is currently certified by USDOT as a Disadvantaged Business Enterprise (DBE) or by the Small Business Administration (SBA) as an 8(a) firm or by Georgia Minority Supplier Development Council (GMSDC), the City of Savannah may accept your certification provided adequate documentation is provided.
- Additionally, an M/WBE is one:
 1. Whose management, policies, major decisions and daily operations are independently managed by one or more socially and economically disadvantaged individuals;
 2. Which is a Small Business as defined by the SBA guidelines, **and** whose gross receipts do not exceed **\$21.5 million** averaged over a three-year period.
- There is no application fee for M/WBE certification. All applications for certification must be accompanied by a sworn affidavit attesting to the accuracy and truthfulness of the information provided.
- The City of Savannah shall provide eligibility determinations for new candidates within 90 days of receipt of a complete application.

Dear Applicant:

Thank you for your interest in becoming a certified M/WBE with the City of Savannah. Please review the checklist below and compare it with your application and submission documents. Please make sure to include all supplemental documentation (as applicable) with your application. Failure to submit a complete and accurate application could result in a delay of your certification review. Again, thank you for your interest in the City of Savannah M/WBE Program. Please return your complete application to:

City of Savannah
Attention: M/WBE Certification Program
 Department of Economic Development
 P.O. Box 1027
 Savannah, GA 31402

ALL APPLICANTS – SHORT FORM CHECKLIST:

- ☐ Completed Short Form Application
- ☐ Signed and notarized *Affidavit for Certification*
- ☐ A valid business license from a municipality within the Savannah MSA.
- ☐ Notarized copy of the Personal Net Worth statement (form enclosed). (*All Owners*)
- ☐ Attach copy of current signed leases for office/storage space.
- ☐ Attach a copy of other DBE/ACDBE, SBA 8(a) or NMSDC/GMSDC certifications.

Section 1. CERTIFICATION INFORMATION**1. Prior/ Other Certifications.**

(a) Is your firm currently certified for any of the following programs? (If yes, attach a copy of your certification(s)). <input type="checkbox"/> USDOT-DBE <input type="checkbox"/> SBA 8(a) <input type="checkbox"/> NMSDC/GMSDC <input type="checkbox"/> City of Savannah	Name of the certifying agency:		
Has this firm home had an on-site visit conducted? <input type="checkbox"/> Yes, on ____/____/____ <input type="checkbox"/> No			
(b) Has your firm applied for certification for any program listed in 1(a) in the past? If Yes, identify: Other names your company has used:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Yes, on ____/____/____ </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> No </td> </tr> </table>	<input type="checkbox"/> Yes, on ____/____/____	<input type="checkbox"/> No
<input type="checkbox"/> Yes, on ____/____/____	<input type="checkbox"/> No		
(c) Has this firm or any of its owners, Board of Directors, officers or management personnel been denied certification before by any agency in any state, local, or Federal entity? If Yes, identify State and name of agency:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Yes, on ____/____/____ </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> No </td> </tr> </table>	<input type="checkbox"/> Yes, on ____/____/____	<input type="checkbox"/> No
<input type="checkbox"/> Yes, on ____/____/____	<input type="checkbox"/> No		

Section 2: GENERAL INFORMATION

2. Contact Information.

Contact person:		Legal name of firm:		
Phone #:	Cell#:		Fax#:	
E-mail Address:		Website (if firm has one):		
Street Address of firm: (No P.O. Box #)				
Mailing address of firm:	City:	County/Parish:	State:	Zip:

3. Business Profile.

Primary nature of business:		Federal tax ID:	
Federal identification number or Applicant's Social Security number:			
This firm was established on ____/____/____		I (we) have owned this firm since: ____/____/____	
Did the business exist under a different type of ownership prior to the date indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain.			
Method of acquisition (check all that apply): <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (explain)			
Has this firm operated under a different name during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.			
Has this firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7, within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide court papers)			
Type of firm (check all applicable): <input type="checkbox"/> Sole proprietorship (provide a copy of the assumed name certificate) <input type="checkbox"/> Partnership (provide copies of all partnership agreements and the assumed name certificate) <input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Corporation (provide Articles of Incorporation, copies of the stock certificates (both sides), Stock Transfer Ledger, Shareholders' Agreement, all minutes of the shareholders' meeting and Board of Directors' meetings, the Corporate Bylaws and Bylaws Amendments (if applicable), the Corporate Bank Resolution and Bank Signature Cards) <input type="checkbox"/> Other	
Number of employees: Permanent Full-time _____		Temporary Full-time _____ Seasonal Full-time _____	
Where do you obtain seasonal employees?			
Does your firm directly pay, in its own name, all its employees? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)			
Specify the gross receipts of the firm for the last 3 years: (NOTE: Attach copies of full tax returns or balance sheets for each year to support the entered receipts total.)		Year ending _____ Total receipts \$ _____ Year ending _____ Total receipts \$ _____ Year ending _____ Total receipts \$ _____	

Section 3. OWNERSHIP

4. Identify all individuals or holding companies with any ownership interest. List their cash, equipment and/or real estate and/or other investment in the firm; and attach the documentation of the source of these investments. (Attach work experience resumes of each person; If more than two owners, attach a separate sheet).

First Person

Name:		Title:		Home Phone#:	
Home Address (street and number)			City:	State:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnic Group (Attach copy as proof i.e. driver's license, birth certificate or passport):		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian
Number of years owned:			Initial investment of acquire ownership interest in firm:		
Percentage owned:		Type		Dollar Value	
Relation to other owners:		Cash		\$	
		Real Estate		\$	
		Equipment		\$	
		Other		\$	
Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date Acquired</u> <u>Method Acquired</u>					
Additional contributions made by anyone since the business was started/acquired:					

Second Person

Name:		Title:		Home Phone#:	
Home Address (street and number)			City:	State:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Ethnic Group (Attach copy as proof i.e. driver's license, birth certificate or passport):		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian
Number of years owned:			Initial investment of acquire ownership interest in firm:		
Percentage owned:		Type		Dollar Value	
Relation to other owners:		Cash		\$	
		Real Estate		\$	
		Equipment		\$	
		Other		\$	
Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date Acquired</u> <u>Method Acquired</u>					
Additional contributions made by anyone since the business was started/acquired:					

Section 4: CONTROL

5. Identify officers and Board of Directors. (Note: Attach work experience resumes of each person; If additional space is required, attach a separate sheet)

	Name	Title/Date Appointed	Ethnicity	Gender
Company Officers	1.			
	2.			
	3.			
Board of Directors	1.			
	2.			
	3.			

6. Identify management personnel who control the firm in the following areas. (Attach work experience resumes, including dates of employment at each company, for each person; If more than two persons, attach a separate sheet)

	Name	Title	Ethnicity	Gender
Financial Decisions (responsibility for check signing, acquisitions of lines of credit, surety bonding, supplies, etc.)				
	1.			
	2.			
Estimating, bidding, and negotiating (cost estimates, bid preparation and submission, negotiations or contract execution)				
	1.			
	2.			
Hiring /firing of management personnel				
	1.			
	2.			
Field / Production Operations Supervisor (site supervision / scheduling, project management services)				
	1.			
	2.			
List all field supervisors				
	1.			
	2.			
Office Management				
	1.			
	2.			
Marketing/Sales				
	1.			
	2.			
Purchasing of major equipment				
	1.			
	2.			

AFFIDAVIT OF CERTIFICATION

A material or false statement or omission made in connection with this application is sufficient cause for denial of certification, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state law.

I _____ (full name), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions in are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities, and pertinent history of the named firm as well as the ownership, control, affiliations thereof.

I recognize that the information submitted in the application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by mean it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books records, documents and files, in whatever form they exist, of the names firm and is affiliates, inspection of its place(s) of business and equipment, and to permit interviews of principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor and THE CITY OF SAVANNAH on an ongoing basis, current, complete, and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to THE CITY OF SAVANNAH of any material change in the information contained in the original application within 30 days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of owner, officer, or partner _____ Date (mm/dd/yy) _____

I declare under penalty of perjury that the information provided in this application and supporting documents relating to my disadvantaged status and me is true and correct.

Print Name: _____	Signature: _____	Date: (mm/dd/yy) _____
Print Name: _____	Signature: _____	Date: (mm/dd/yy) _____
Print Name: _____	Signature: _____	Date: (mm/dd/yy) _____

NOTARY CERTIFICATE	
STATE OF _____	
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20 _____	
Signature of Notary Public _____ Printer/typed name of Notary Public _____	
County of residence _____ Date commission expires _____	

PERSONAL NET WORTH FINANCIAL WORKSHEET

Name				Business Phone
Residence Address	City	State	Zip	Home Phone

ASSETS	AMOUNT	Check if Joint Assets	LIABILITIES	AMOUNT
1. Cash on Hand & in banks	\$		1. Accounts payable	\$
2. Savings Accounts	\$		2. Notes payable to banks and others	\$
3. IRA or Other Retirement Accounts	\$		3. Installment account (auto)	\$
4. Personal & Notes Receivable	\$		4. Installment account & credit cards	\$
5. Life Insurance (<i>Cash surrender only</i>)	\$		5. Other Liabilities (<i>describe on separate sheet</i>)	\$
6. Stocks and Bonds (<i>current market value</i>)	\$		6. Mortgage on other properties	\$
7. Real Estate (<i>Exclude primary residence</i>)	\$		7. Other liabilities	\$
8. Automobiles (<i>present value</i>)	\$			
9. Personal property	\$			
10. Other Assets (<i>describe on separate sheet</i>)	\$		TOTAL LIABILITIES (Add line 1 -8)	\$
11. Ownership in <u>other</u> businesses	\$			
TOTAL ASSETS (Add Lines 1 – 11)	\$		Personal Net Worth (Total Assets Minus Total Liabilities)	\$

I hereby certify that this *personal net worth statement* is complete and accurate to the best of my knowledge. I hereby certify under penalty of perjury that my personal net worth does not exceed \$1.32 Million.

The City of Savannah is authorized to verify the accuracy of this statement to determine whether I meet the economic standards for participation in the City of Savannah's M/WBE Program.

This worksheet can be supported by a CPA's statement. If submitting a CPA's statement of PNW, check the box below and attach.

☐ **With this application, I am submitting a signed, notarized statement of personal net worth prepared by a Certified Public Accountant.**

NOTARY CERTIFICATE	
STATE OF _____	
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20 _____	
Signature of Notary Public _____ Printer/typed name of Notary Public _____	
County of residence _____ Date commission expires _____	